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Greene, Jerome Davis

Medical aspects of social hygiene

New York

1916

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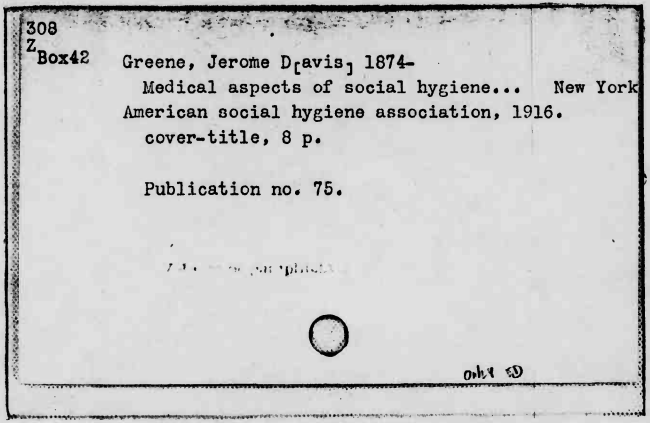

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JAN 23 1917

MEDICAL ASPECTS OF SOCIAL HYGIENE

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Secretary of the Rockefeller Foundation

The American Social Hygiene Association
105 West Fortieth Street
New York City
1916

Publication No. 75

Medical Aspects of Social Hygiene

By JEROME D. GREENE

Secretary of the Rockefeller Foundation

It is desirable, from every point of view, that the great movement of which this organization is a part should tend to the broadening rather than the narrowing of the significance of the term Social Hygiene. The health of the community, both individually and collectively, in all its social relations, is the object toward which thought and action should be directed. The morbid aspects of social relations are important to the layman merely as they are shown to interfere with social welfare; and the consciousness of the community and of the ordinary individual should be directed toward these aspects only to the extent that is necessary to secure the right attitude toward them in the ordinary affairs of life. But it is no less important that the community and the individual should both give to this subject that degree of attention that is essential to safety.

It is the function of the American Social Hygiene Association to promote social health positively and constructively, and, while so doing, to try to preserve a proper balance between a tendency on the one hand to suppress all organized social effort that touches individual behavior, and a tendency on the other hand toward a morbid exaggeration of attention to the sexual aspects of human relations. Both tendencies are highly dangerous to the community. Differences of definition and of temperament would doubtless lead to wide and violent differences of opinion as to which is the greater evil; but this dispute need not concern us at present.

The intelligent layman who does not profess to exact knowledge on the medical and sociological aspects of social disease will nevertheless give his ready assent to the proposition that, in so far as individual and social action in reference to such disease is or may conceivably be called for, it should be founded on the largest and firmest

Address of the Chairman of the Conference on Medical Aspects of Social Hygiene at the Annual Meeting of the American Social Hygiene Association, St. Louis, November 20, 1916.

basis of ascertainable facts. To yield such assent is merely to conform to a rule of life by which we all trust ourselves to the wisdom of engineers, doctors, lawyers, and other professional experts, without pretending or necessarily wishing to know much more about the technique of their several functions than that it is based on exact knowledge and sound training. It may be inevitable that, beyond a certain range of facts as to which evidence is conclusive and expert opinion united, there will be an area as to which expert opinion is divided, and lay opinion is consequently less clearly and safely to be led. Nevertheless it is important that the public, individually and collectively, should not fail to take account of the facts of social disease and maladjustment as they are from time to time established, and steadily to translate them into defensive action.

Let us then, as a conference devoted exclusively to the medical aspects of social hygiene, ask what are the facts of physiology, pathology, epidemiology, hygiene, and therapy of which medical science can speak with confidence and authority, and of which, in the opinion of those who are experts in these subjects, society at present, with due regard to its safety and happiness, takes insufficient account. It is not the purpose of this paper to answer these questions, for that no layman should attempt to do, but, rather, in asking them, to indicate what would seem to be a rational attitude for those to assume who are charged with the administration of the American Social Hygiene Association—its members, directors, and officers—in order that the Association may wisely fulfill its function as an organizer and stimulator of public opinion on this important subject.

The knowledge of normal function provides the necessary standards, on the one hand, for the safeguarding and healthy development of the body, which is hygiene or physical culture, and, on the other hand, for the treatment of impaired function or disease. Medical science must illuminate the marvelously intricate and delicate processes of the human organism, and in so far as these processes provide the basis for regulating the conscious and rational behaviour of the individual, for the protection of his health and the regulation of his conduct, their description must satisfy the most rigid canons of scientific precision. The layman need not know all the facts of physiology, but such facts as he is expected to act upon he must know, and they must be real facts, not pseudo-science. No supposed practical ethical results are a justification for the dogmatic pronouncement of half-baked or ill-supported physiological theories; any more than the bogey-man is to be

justified as an encouragement of moral behaviour in children. The layman has a right to expect from the physiologist and the hygienist such information and counsel as are entitled to the fullest respect.

Having received them he is bound, as a rational being, to act upon them. The first question, then, which the layman asks of the medical scientist is, "What do I need to know of the anatomy and functions of the human body in order that I may protect it and develop it to the highest efficiency?"

One fact as to which the diffusion of reliable information is especially needed has to do with the supposed physiological necessity for exercising the sex function. Within the past few years the testimony of some of the ablest and most respected physiologists and internists has been given in an impressive statement declaring that in their opinion there is no indication of impairment of function or other deleterious effect arising from total continence. That this evidence has not had the conclusive effect that it ought to have had is possibly due in part to the confusion that exists as to what is meant by "necessity" or by the "imperative" nature of the appetite in question. There may be a point where, under certain conditions of a highly suggestive or tempting nature, the human will may lose its power of resistance. But it may also be true that if conditions can be so controlled, either by social restraints, or by the individual will, that the element of suggestion or immediate temptation is largely avoided, the demand for indulgence may be resisted before it reaches a stage that can be accurately described, at least in any physiological sense, as irresistible. To oppose police measures such as the suppression of commercialized vice on the ground of "physiological necessity," if the physiological demand depends for its arrival at the so-called imperative or irresistible stage on just such suggestion and temptation as the convenient and accessible brothel provides, is as illogical as it is scientifically unsound. An impressive and convincing answer to the honest questionings of many laymen on this point would be of great value.

What are the diseases to guard against which the exercise of one's intelligence and will may be necessary, and what must be done to avoid them? Here it is hardly less important to disarm irrational fears, so easily developing into a morbid apprehension or obsession, than it is to point out the dangers that are real—the appearance and nature of the disease, how it is and how it is not contracted, and what its consequences are. In this part of the country it may not be a matter of much practical importance to know how to avoid beriberi or sleeping sickness, or how to secure competent treatment for these dis-

eases. Can the same be said of syphilis and gonorrhea? If not, what should the layman know about these diseases for the protection of himself and his family? A professional gentleman of the highest standing recently declared to a friend that education in sex hygiene might be necessary for the unsheltered daughters of the poor but that he would not have the innocence of his adolescent daughters imperilled by exposure to such stuff. Just how effective is the shelter which the supposedly privileged classes enjoy? Does it afford a guarantee against the intrusion of these vulgar diseases? Is it possible that the gentleman I have quoted stands a risk, say, of one in a hundred that his daughter's life may be saddened or blighted by his false sense of security? If so, ten thousand girls out of a million similarly "sheltered" will pay a terrible penalty for their parents' ignorance and the privilege of so-called innocence. What are the facts as to the risks of venereal disease in the marriage of persons whom the community ordinarily regards as fit for marriage? Does a latent infection ever make an unsuspected appearance to destroy what had seemed to be the prospect of a happy family life? What do the records of the genito-urinary clinics suggest in answer to this question? Is this a real risk that the ordinary citizen should be aware of and against which he should be prepared to protect his adolescent children, or is it a risk so slight as to be negligible? And what is the interest of society in these questions? Conceivably the social consequences of individual negligence are such as to warrant the interference of society for its own protection, just as society interferes with the conduct of industry by protecting the workman from being injured even though it be through his own negligent operation of a dangerous machine.

This brings us to the question of the epidemiology of the diseases that chiefly threaten the social welfare. What are the facts as to their amount and incidence? Are they comparable with beriberi and sleeping sickness as factors in the morbidity and death rate in our country or are they perhaps more nearly comparable with pneumonia, cancer, tuberculosis, and "heart disease"? How do they stand the comparison in respect to pain and suffering for the individual and his family, and expense or other injury to the community? The statistics of the social diseases are admittedly incomplete and unreliable, but some figures are available from the records of armies, general hospitals, insane hospitals, prisons, and schools. If it be true that these diseases rank among the worst in their immediate and secondary effects, and that the means for their cure or control are known, how does it happen that, except in a very few places, they are wholly ignored as constituting a

problem of public health? Clearly it is the duty of the physician and the public health officer to speak so plainly and so persistently on this subject that the responsibility for continued neglect of the known or ascertainable facts will be wholly removed from their shoulders.

It has been stated with reference to one of the regiments engaged in the European war that the percentage of men incapacitated from active duty by venereal disease in the training camp was greater than the number in another regiment recruited in the same country at the same time who were incapacitated by wounds in one of the more sanguinary engagements of the war. Yet a discipline that would have been enforced if necessary with the utmost severity for the protection of the camp from smallpox or typhoid fever was not brought to bear upon another danger that threatened to incapacitate a third of the fighting strength. It is impossible to conceive of a policy more irrational, stupid, or indeed inhuman. Yet, practically speaking, that seems to be the policy of every army in the world, including our own; for although, under varying conditions, more or less effective measures of prophylaxis are employed, in no instance that I know of is the one elementary rule of avoiding infection observed, namely, to prevent the contact of infected and uninfected persons with each other.* This fact is the more remarkable when it is considered that an army camp in war time is the one form of community in which there is the fullest opportunity to control the environment and to enforce obedience—conditions, be it said, that do not obtain in garrison towns in time of peace. Conceptions of "personal liberty" that have long since been modified in the larger interest of the community in connection with dangers far less menacing than venereal disease, together with the ill-founded notion, to say the least, of "physiological necessity" are the shabby and stupid refuge of apologists for the present unhappily prevalent military attitude toward the social evil.

A great impediment in the way of securing facts as to the prevalence of venereal disease is the lack in our country of adequate vital statistics. The influence of the American Social Hygiene Association should be exerted in season and out of season to remove this reproach from our country—a defect which not only concerns the reporting of venereal diseases, and limits the influence of measures for their control, but handicaps all departments of public health administration. The Association looks to its medical members and supporters to lend their great influence to this cause.

*It is gratifying to know that at least one officer of high rank now serving on the Mexican border has shown a full appreciation of the importance of avoiding infection by preventing contact.

When human life and happiness are at stake we must have plain speaking. This does not mean that sex is to become the topic of trivial conversation, or that modesty and reticence on the known facts of sex physiology and social disease are no longer to be enforced by the usage of polite and decent society. But the facts must be known—the fundamental facts which the experts of medical science can furnish for our guidance. It may be that, until the campaign against false modesty and the reticence that imputes the quality of inherent shamefulness and sin to functions as innocent and necessary for the race as eating and sleeping has been completely won, the subject must be more talked about than any of us would wish. That may be a disagreeable necessity, but it will pass. The topic will be relegated to the realm of familiar matters of fact that rarely need to be mentioned; and the growing boy and girl of clean and wholesome mind will preserve a modesty more rather than less genuine because it relates to functions that have been assigned their true character as processes of nature, rather than vaguely understood objects of morbid or filthy curiosity. The processes of digestion are not appropriate subjects of general conversation, and they are susceptible of coarse and disgusting reference, but from a mother's tender ministrations to her baby or her conversation with nurse or doctor about its digestion the element of disgust is wholly absent. The analogy with matters of sex may not be perfect, but it goes at least far enough to show that the knowledge of physiological facts and a willingness to discuss them seriously under appropriate conditions is not incompatible with the observance of the most perfect modesty and reticence that good morals and good taste can enjoin.

I have referred briefly to some of the medical aspects of social hygiene on which your consideration and advice are invited. While not detracting a particle from the role of moral instruction in the promotion of social hygiene, one is forced to admit that the emphasis on the serious moral aspects of social disease has hitherto somehow operated to prevent its medical aspects from receiving that frank and objective consideration that they deserve as a problem of individual and public health. Fortunately public opinion seems to be fast arriving at a stage where its spiritual leaders are to be found among the strongest advocates of a rational attitude toward the facts of health and disease, and their great influence can more and more be relied upon to secure from the layman a rational response to the teachings of modern medicine on this subject.

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